

**South Carolina Department of Disabilities  
And  
Special Needs**

**COMMUNITY SERVICE STANDARDS**

**Effective July 1, 2009**

**Updated January 1, 2010**

**Revised Effective July 1, 2010**

**Revised Effective July 1, 2011**

## **SC Department of Disabilities and Special Needs COMMUNITY SERVICE STANDARDS**

The mission of DDSN is to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals and minimize the occurrence and reduce the severity of disabilities through prevention. Consistent with the agency's mission, the intent of DDSN Support Center Service is to provide people with an Intellectual Disability or a Related Disability (ID/RD), Autism, Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI), and Similar Disability (SD) the supports needed in order for them to meet their needs, pursue possibilities and achieve their life goals.

### **DEFINITION**

Community Service is aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital. Services will be provided in facilities licensed by the state. Community activities that originate from a facility licensed by the state will be provided and billed as Community Service. On site attendance at the licensed facility is not required to receive services that originate from the facility.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site to their residence when the service start time is after 12:00 Noon.

### **MODELS**

Community Service consists of two distinct models of service: Group and Individual service.

Community Services is designed to accommodate those individuals identified as requiring individualized one on one services as well as those requesting group services.

- Community Services/Group is available to those individuals who can benefit from services provided in a group setting. A unit of Community/Group is defined as 2-3 hours of service.
- Community Services/Individual is available to those who require that services be provided on a one to one basis. Community/Individual must always be provided with a one to one participant to staff ratio. A unit of Community/Individual is defined as 1-3 hours of service.

Please note: Community Services/Individual model is only available to those enrolled in the Community Supports Waiver. It is **not** available to those whose services are funded by the State or the MR/RD Waiver.

### **ANTICIPATED OUTCOMES**

Community Service provides individuals the opportunity to maximize their exposure, experience and participation within their local community. Through this process the individual will gain access to inclusive citizenship and social capital.

It is expected that DDSN Community Services be provided in a manner that promotes:

- Dignity and respect
- Health, safety and well-being
- Individual and family participation, choice control and responsibility
- Relationships with family and friends and community connections
- Personal growth and accomplishments

It is also expected that Community Services reflect the principles of the agency and therefore services should:

- Be person centered
- Be responsive, efficient, and accountable
- Be strengths-based, results oriented
- Maximize potential
- Be based on best and promising practices

Standards		Guidance
1	Community Service will be provided in accordance with all state and federal laws.	
2	Community Service will only be provided in or originate from facilities licensed by DDSN as Day Facilities.	Please refer to DDSN Standards for Licensing Day Facilities
3	Community Service will be provided in accordance with applicable DDSN Departmental Directives, procedures and guidance.	
4	Community Service will only be provided by DDSN qualified Day Services providers.	
5	<p>Each program will designate a Program Director who meets the following minimal qualifications:</p> <ul style="list-style-type: none"> <li>• Is at least 21 old</li> <li>• Have a four (4) year, baccalaureate degree from an accredited college or university in the human services or related field and two (2) year's experience in administration or supervision in the human services field or have a master's degree from an accredited college or university in the human services or related field and one (1) year's experience in administration or supervision in the human services</li> <li>• Have references from past employment</li> </ul>	A Program Director may serve more than one program.
6	Each program will employ direct care staff who meet the following qualifications:	

Standards		Guidance
	<ul style="list-style-type: none"> <li>• Is at least 18 years old</li> <li>• Have a valid high school diploma or its certified equivalent</li> <li>• Have references from past employment if the person has a work history</li> </ul>	
7	Staff must meet requirements for criminal background checks.	<p>Checks should be done in accordance with DDSN Directive 406-04-DD: Criminal Records Checks and Reference Checks of Direct Caregivers. No support provider may be employed who has been convicted, pled guilty or nolo contendere to:</p> <ul style="list-style-type: none"> <li>• Abuse, neglect or mistreatment of a consumer in any health care setting;</li> <li>• An “Offense Against the Person” as provided for in Chapter 3, Title 16;</li> <li>• An “Offense Against Morality or Decency” as provided for in Chapter 15, Title 16;</li> <li>• Contributing to the delinquency of a minor as provided for in S.C. Code Ann. §16-17-490;</li> <li>• The common law offense of assault and battery of a high and aggravated nature;</li> <li>• Criminal domestic violence, as defined in S.C. Code Ann. §16-25-20;</li> <li>• A felony drug-related offense under the laws of this state; and</li> <li>• A person who has been convicted of a criminal offense similar in nature to a crime previously enumerated when the crime was committed in another jurisdiction or under federal law; has a substantiated history of child abuse and/or neglect and/or convictions of those crimes listed in SC Code Ann. §20-7-1642 and/or is listed on the SC Sex Offender Registry.</li> </ul>
8	Staff must pass an initial physical exam prior to working in the program.	Pass = No documentation in the physical exam report of conditions present that would jeopardize health and safety of people receiving services or staff’s ability to perform required duties.

Standards		Guidance
9	Staff must pass initial tuberculosis screening prior to working in the program and annually thereafter.	Pass = no evidence of communicable disease; meets requirements of DDSN Directive 603-06-DD: Guidelines for Screening for Tuberculosis
10	Staff must be trained and be deemed competent in accordance with DDSN Directives.	
11	There will be a staff development/in-service education program operable in each provider agency which requires all staff to participate in in-service education programs and staff development opportunities in accordance with DDSN Directives.	<p>Staff must periodically be required to demonstrate continuing competency on the most critical information and skills taught in the curriculum. Providers have wide latitude in designing the format of such rechecks.</p> <p>Encouraging staff commitment to continuing personal and professional development will expand the capacity to provide quality service and supports. Staff should routinely be exposed to information regarding training resources and opportunities. Supervisors should be working with staff to identify annual personal and professional goals.</p>
12	<p>Each program will have written policies on:</p> <ul style="list-style-type: none"> <li>• Use of volunteers and substitutes;</li> <li>• Program evaluation;</li> <li>• Administration of medication;</li> <li>• Admission and discharge of participants;</li> <li>• Personnel practices;</li> <li>• Procedures to be followed when a participant is discovered to be missing;</li> <li>• Termination of participants from the program which include: <ul style="list-style-type: none"> <li>○ A list of reasons for dismissal;</li> <li>○ Methods of averting the termination;</li> <li>○ When consultation and</li> </ul> </li> </ul>	

Standards		Guidance
	<p>concurrence with the Department prior to termination will be sought.</p> <ul style="list-style-type: none"> <li>Keeping and managing a waiting list for those who are seeking entry into each service provided in the program that includes the frequency with which the list will be reviewed.</li> </ul>	
13	People receiving Community Service are free from abuse, neglect and exploitation	
14	<p>People receiving Community Services are</p> <ul style="list-style-type: none"> <li>Informed of their rights</li> <li>Supported to learn about their rights</li> <li>Supported to exercise their rights</li> </ul>	<p>Rights include: Human rights, Constitutional rights and Civil rights.</p> <ul style="list-style-type: none"> <li>Training includes responsibilities as well as rights</li> <li>Each person's right to privacy, dignity and confidentiality in all aspects of life is recognized, respected and promoted</li> <li>Personal freedoms are not restricted without due process</li> <li>People are expected to manage their own funds to the extent of their capability</li> <li>Due process is upheld, including the Human Rights Committee review of restriction of personal freedoms</li> <li>People with limited knowledge and experience receive training and opportunities to explore their individual rights and the responsibilities that accompany them</li> </ul>
15	Community Service will only be provided to those who are authorized by a DSN Board or contracted Service Coordinator.	<p>GUIDANCE: Service Coordination will provide the chosen Community Services provider with a referral notification that at a minimum includes the following information:</p> <ul style="list-style-type: none"> <li>Consumer information: name, address, DOB, referral date, SS#, Medicaid # (when applicable), emergency contact information, and name of referring Service Coordinator</li> </ul>

Standards		Guidance
		<ul style="list-style-type: none"> <li>• Authorization of service, number of authorized units</li> <li>• Additional information: Critical and emergency information, health/medical information, and care and supervision information</li> </ul>
16	Psychological evaluations are required. Adults shall be tested using a restrictive test of intelligence administered by a licensed or certified psychologist on program entry, re-entry or at age 22 whichever occurs first, unless there is a valid psychological evaluation completed within three (3) years of admission on record.	<p>For adults, at the time of program entry, a psychological evaluation that was completed at age 22 or is less than three (3) years old must be available for new program participants. In lieu of a psychological evaluation, a current (i.e., within one (1) year of program entry) ICF/ID Level of Care (LOC) Determination that indicates the LOC criteria were met may be used. For example, if a 35 year old participant were entering the program on March 25, 2008, one of the following could be accepted:</p> <ul style="list-style-type: none"> <li>• A psychological evaluation completed when he/she was 22 (1995) [on program entry, re-entry or at age 22 whichever occurs <u>first</u>]</li> <li>• One completed within the last three (3) years (2005-2008) [unless there is a valid psychological evaluation completed within three (3) years]</li> <li>• Or a current LOC Determination that is based on a psychological evaluation completed from 1995 until 2005.</li> </ul>
17	Individuals receiving Community Service are supported to make decisions and exercise choice regarding the specific Community Service they will receive.	
18	<p>Within 15 business days of receipt of a referral, the Community Service provider will notify the referring Service Coordinator in writing of their intent to:</p> <ul style="list-style-type: none"> <li>• Accept the person for service, or</li> <li>• Accept the referral for</li> </ul>	

Standards		Guidance
	placement on the provider's waiting list, or <ul style="list-style-type: none"> <li>Reject the referral</li> </ul>	
19	After acceptance into service, but prior to providing Community Service, a preliminary plan must be developed that outlines the care, supervision and skills training/interventions to be provided.	Plan must include essential information to ensure appropriate services and supports are in place to assure health, safety, supervision and rights protection.
20	On the first day of attendance in Community Service, the preliminary plan must be implemented.	Preliminary plan is to be implemented on the first day of attendance in Career Preparation. When assessments are completed and training needs/priorities have been identified, the plan will be completed and will replace the preliminary plan.
21	Within 30 calendar days of the first day of attendance in Community Service and annually thereafter an assessment will be completed that identifies the abilities/strengths, interests/preferences and needs of the person in the following areas: <ul style="list-style-type: none"> <li>Self-Advocacy/Self Determination</li> <li>Self-Esteem</li> <li>Coping Skills</li> <li>Personal Responsibility</li> <li>Personal Health and Hygiene</li> <li>Socialization</li> <li>Community Participation</li> <li>Mobility and Transportation</li> <li>Community Safety</li> <li>Money Management</li> </ul>	At a minimum, assessments must be completed every 12 months.
22	Based on the results of the assessment, within 30 calendar days of the first day of attendance in Community Service and annually thereafter, a plan for Community Service is developed with participation from the individual	At a minimum, the plan must be completed every 12 months.



Standards		Guidance
	and/or his/her legal guardian.	
23	<p>The plan must include:</p> <ul style="list-style-type: none"> <li>• A description of the interventions to be provided including time limited and measurable goals/objectives.</li> <li>• A description of the type and frequency of supervision to be provided.</li> <li>• Emergency contact information.</li> <li>• Current and comprehensive medical information.</li> <li>• Any information necessary to support the person in a Community Service setting.</li> </ul>	<p>The Community Service Plan is developed to identify: the community skills needed to enhance the person's opportunities within the community, necessary skills training in the areas of community awareness and community participation and develop real life skills through participation in a "natural setting."</p> <p>Documentation of the description of how each intervention must be provided to indicate the data to be collected, and schedule for implementation.</p> <p>In accordance with DDSN Directive 510-01-DD: Supervision of People Receiving Services, services provided shall include the provision of any interventions and supervision needed by the person which includes dining/eating. The interventions to be provided must be based on assessed needs. Supervision must encompass any time outside of the actual unit time when the person is present and supervision is needed.</p> <p>All critical and emergency information for this individual must be documented in the plan.</p> <p>Medications: medications taken by the individual must be listed and any assistance of medicating must be documented (self medicate or assisted medicate). All relevant medication information must be documented. All known specific instructions concerning individual reactions, side effects or restrictions to medicine must be documented.</p>
24	The interventions in the plan must support the provision of Community Service as defined in these standards.	
25	As soon as the plan for Community Services is developed, it must be implemented.	

<b>Standards</b>		<b>Guidance</b>
26	Data must be collected as specified in the plan and must be sufficient to support the implementation of the plan for each unit of service reported.	For each unit of service provided, documentation on the Monthly Data Recording Sheet must be present to show the service was provided on the day the service was reported. Additionally, for training objectives data documenting the response to training must be sufficient to measure the progress
27	<p>Data entries must be:</p> <ul style="list-style-type: none"> <li>• True and accurate</li> <li>• Complete</li> <li>• Logically sequenced</li> <li>• Typed or handwritten in permanent dark ink</li> <li>• Dated and signed by the person making the entry</li> </ul>	
28	At least monthly, the plan is monitored by the Program Director or his/her designee to determine its effectiveness.	The Program Director's or designee's signature on the Monthly Data Recording Sheet signifies that the training intervention(s) in the plan have been monitored. An evaluation of progress for each training intervention must be noted.
29	The plan is amended when significant changes to the plan are necessary.	Significant changes may include, but are not limited to; interventions are not appropriate, interventions are not supporting progress, and/or the person's life situation has changed.
30	<p>A record shall be maintained, for each participant, which contains, at a minimum, the items listed below. All documents and entries shall be legible, dated, and signed by the person making the entry. If symbols are used, explanatory legends must be provided.</p> <ul style="list-style-type: none"> <li>• Report of a medical examination which was performed not more than 12 months prior to admission;</li> <li>• Report of psychological evaluation(s) as required by these standards;</li> </ul>	Record of illnesses and accidents will be maintained for those accidents that occur during service provision and for illnesses made known to the provider.

Standards		Guidance
	<ul style="list-style-type: none"> <li>• Current Plan that supports the provision of the service provided;</li> <li>• Monthly summary notations of progress; (Monthly Data Recording Sheet)</li> <li>• Record of unusual behavior incidents which are recorded at the time of occurrence;</li> <li>• Record of illness and accidents;</li> <li>• Authorization for emergency medical service and medication administration;</li> <li>• Record of critical incidents.</li> </ul>	
31	Any evidence of illness or injury shall be documented in the participant's record and action shall be taken to obtain necessary medical treatment of the individual and to safeguard others from contagion.	
32	Reporting requirements are performed correctly.	<ul style="list-style-type: none"> <li>• According to the DDSN Finance Manual and applicable DDSN Directives.</li> <li>• Reporting of Critical Incidents</li> <li>• Death or Impending Death of Persons Receiving Services</li> <li>• Community Financial Reporting Requirements</li> <li>• Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency</li> </ul>